

Entered - 10/17/01 - sb
CL01L0636 - DIANNE C. MITCHELL

CLAIM OF: CELESTE M. KRONEN
2220 Tourney Drive
Marietta, Georgia 30062

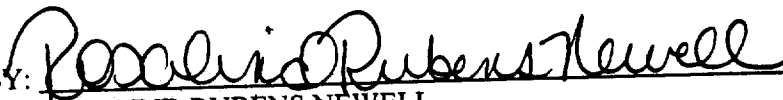
01-R-1817

For damages alleged to have been sustained as a result of a vehicular accident on August 23, 2001 at Interstate 75/85 and 14th Street.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **CELESTE M. KRONEN** the sum of **\$1,099.97** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on August 23, 2001 at Interstate 75/85 and 14th Street as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0636

Date: October 31, 2001

Claimant /Victim CELESTE M. KRONEN
BY: (Atty)(Ins. Co.) _____
Address: 2220 Tourney Drive, Marietta, Georgia 30062
Subrogation: _____ Claim for Property damage \$ 1,099.97 Bodily Injury \$ _____
Date of Notice: 10/02/01 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 08/23/01 Place: Interstate 75/85 and 14th Street
Department Police Division: _____
Employee involved Valerie Dalton Disciplinary Action: Written Counseling

NATURE OF CLAIM: The driver of the City vehicle rear ended the claimant's vehicle causing damages in the above amount.

INVESTIGATION:

Statements: City employee X Claimant _____ Others _____ Written _____ Oral X
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____
Traffic citations issued: City Driver X Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

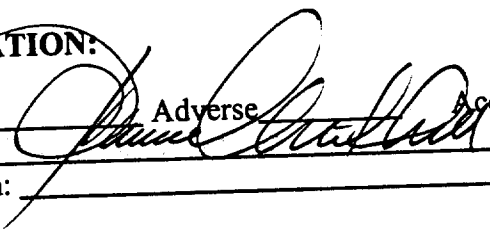
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 1,099.97 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 10-31-01
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RECEIVED

OCT 02 2001

MUNICIPAL CLERK

RE: CLAIM FOR DAMAGES

Today's Date: 9-25-01

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1099.97 property and/or \$ 194.97 bodily injury for which I contend the City is liable.

1. Date of incident: 8-23-01 (month/day/year) 2. Time of Incident: 16:17 3. Police called: X Yes No

4. Location of incident (including street address): I 75/85 SB EXPW NW

5. Name of your insurance company: STATE FARM Policy No. 61-9453-EOU-11

6. State what and how incident occurred: I WAS REAR ENDED BY THE DRIVER OF THE CITY VEHICLE. A DOCTORS REPORT CAN BE OBTAINED FROM DR. DAVID A. WILLIAMS 2799 DELK RD. & MARLYTTA (770-955-2046) FOR VISIT & MEDICATION EXPENSES

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: TOYOTA (Make) 2000 (Year) EASSET (Tag Number) MARIA MOSS (Driver's Name)

City vehicle: FORD (Make) IL VALERIE DALTON (City Driver's Name) POLICE/CRIME (Department/Bureau)

9. Witness: _____ (Name) _____ (Address) _____ (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Celeste M. Krimen
(Print Claimant's Name)

2320 TOURNEY DRIVE
(Address)

MARIETTA GA 30062
(City, State and Zip Code)

770-7793127 (Work Number) 678-560-8747 (Home Number)